

I am requesting a login to the Newaygo Public Schools "Skyward Family Access" and agree to the terms of the acceptable Use and Safety Policy.

Family Access User Information:	
Name:	
Address:	
City:	
State : Zip Code:	
Home Phone:	
Preferred Email:	
Signature (Required):	
Date (Required):	_

THE FOLLOWING MUST BE COMPLETED BEFORE ACTIVATION:

	I have read the Skyward Acceptable Use and Safety policy
	I have read the Data Interpretation Instructions
	I understand that Newaygo Public Schools is not responsible for any
	nages to my computer or software as a result of accessing the "Skyward Family Access", does Newaygo Public Schools bear any responsibility in guaranteeing successful
conr	nection to this service.

CHILDREN I AM REQUESTING ACCESS TO:

	Child's Full Legal Name	Relationship to You	Grade	Building
1.				
2.				
3.				
4.				
5.				
6.				

^{*}Newaygo Public Schools reserves the right to deny access to "Skyward Family Access" due to court orders and any other legal proceedings that limit availability of private educational data.